

# OUT-OF STATE TRAVEL REQUEST AND AUTHORIZATION

|  |  |  |             |                    |  |   |       |                    |  |
|--|--|--|-------------|--------------------|--|---|-------|--------------------|--|
|  |  |  |             |                    | Shaded areas for Department, Institution or Agency Use   |   |       |                    |  |
| TRAVELER INFORMATION: NAME   |  |  |             |                    |  |   | TITLE |                    |  |
| PHONE NUMBER   |  |  |             | EMAIL ADDRESS      |  |   |       |                    |  |
| AGENCY CODE  |  | FUND NUMBER  |             | APPROPRIATION CODE |  | FUNDING SOURCE: General ____ % Cash Fund ____ %<br>Cash Funds Exempt ____ % Federal ____ % Personal/Employee ____ % |       |                    |  |
| ORIGINATION  |  |  | DESTINATION |                    |  | DEPARTURE DATE & TIME   |       | RETURN DATE & TIME |  |
| <b>ESTIMATED EXPENDITURES</b>  |  |  |             |                    | <b>MAXIMUM AUTHORIZED EXPENDITURE</b>  |   |       |                    |  |
| TRANSPORTATION - AIR                      \$ _____   |  |  |             |                    | TRANSPORTATION - AIR                      \$ _____   |   |       |                    |  |
| TRANSPORTATION - OTHER                      \$ _____   |  |  |             |                    | TRANSPORTATION - OTHER                      \$ _____   |   |       |                    |  |
| LODGING                      \$ _____  |  |  |             |                    | LODGING                      \$ _____  |   |       |                    |  |
| MEALS                      \$ _____  |  |  |             |                    | MEALS                      \$ _____  |   |       |                    |  |
| REGISTRATION FEE IF ANY                      \$ _____  |  |  |             |                    | REGISTRATION FEE                      \$ _____   |   |       |                    |  |
| INCIDENTAL EXPENSES                      \$ _____  |  |  |             |                    | INCIDENTAL EXPENSES                      \$ _____  |   |       |                    |  |
| TOTAL                      \$ _____  |  |  |             |                    | TOTAL MAXIMUM AUTHORIZATION                      \$ _____<br>For Which Reimbursement Can Be Obtained |   |       |                    |  |
|  |  |  |             |                    | TOTAL TRAVEL ADVANCE AUTHORIZED                      \$ _____  |   |       |                    |  |
| <b>METHODS OF PAYMENT</b>  |  |  |             |                    |  |   |       |                    |  |
| <input type="checkbox"/> STATE TRAVEL CARD <input type="checkbox"/> STATE EVENT CARD <input type="checkbox"/> CENTRAL TRAVEL SYSTEM - AIRFARE  |  |  |             |                    |  |   |       |                    |  |
| AIRLINE (VENDOR NAME)  |  |  |             |                    | RENTAL CAR AGENCY (VENDOR NAME)  |   |       |                    |  |
| <b>PURPOSE AND JUSTIFICATION OF TRAVEL</b>   |  |  |             |                    |  |   |       |                    |  |
| <input type="checkbox"/> CONFERENCE-RELATED TRAVEL — NAME OF CONFERENCE _____<br><br><br>  |  |  |             |                    |  |   |       |                    |  |
| <b>IDENTIFY PERSONS AND/OR ORGANIZATIONS TO BE CONTACTED</b> (FOR WASHINGTON D.C. TRAVEL THIS FORM MUST BE SUBMITTED TO THE GOVERNOR'S OFFICE FOR REVIEW. THE FORM MUST SPECIFY CONTACTS WITH ANY MEMBER OF CONGRESS, HIS OR HER STAFF, OR FEDERAL GOVERNMENT DEPARTMENT OR AGENCY PERSONNEL. EMAIL TO JOEL.HARRIS@STATE.CO.US.) |  |  |             |                    |  |   |       |                    |  |
| NAMES  |  | TITLE  |             | ORGANIZATION       |  | TOPIC   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| _____  |  | _____  |             | _____              |  | _____   |       |                    |  |
| <b>SIGNATURE OF TRAVELER</b>   |  |  |             |                    | <b>DATE</b>  |   |       |                    |  |
| _____  |  |  |             |                    | _____  |   |       |                    |  |
| <input type="checkbox"/> APPROVED  |  | <b>SIGNATURE OF APPOINTING AUTHORITY</b>             |             |                    |  | <b>DATE</b>   |       |                    |  |
| <input type="checkbox"/> DISAPPROVED   |  | _____  |             |                    |  | _____   |       |                    |  |
| <input type="checkbox"/> APPROVED  |  | <b>SIGNATURE OF EXECUTIVE DIRECTOR (OR DELEGATE)</b> |             |                    |  | <b>DATE</b>   |       |                    |  |
| <input type="checkbox"/> DISAPPROVED   |  | _____  |             |                    |  | _____   |       |                    |  |